

Case Number:	CM13-0035536		
Date Assigned:	12/13/2013	Date of Injury:	03/30/2009
Decision Date:	06/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old male who was injured on 03/30/2009. He sustained injuries to his neck, upper back, mid back and lower back. Prior treatment history has included 16 sessions of physical therapy, six sessions of acupuncture therapy and eight epidural injections. The patient underwent a fluoroscopically guided right L5 medical branch radiofrequency ablation and fluoroscopically guided S1, S2 lateral branch radiofrequency ablation on 08/13/2013. He underwent a fluoroscopically guided bilateral L5, S1-S2 peripheral nerve blocks on 07/23/2013; fluoroscopically-guided bilateral sacroiliac joint injection on 04/16/2013; bilateral laminectomy and foraminotomy for nerve root decompression at L3-L4, L4-L5, and L5-S1 with interspinous fixation at L3-4 and L5-S1 with posterolateral fusion, L3-L4, L4-L5, and L5-S1 local bone auto graft and D8M strips allograft on 10/15/2012. Diagnostic studies reviewed include Lumbar CT scan dated 08/20/2013 revealed: Interval surgery with placement of interspinous spacers at L3-4 and L5-S1 and Mild to moderate lumbar degenerative changes, essentially stable compared to 09/29/2011. There was moderate L4-5 spinal canal stenosis; foraminal stenosis was present at several levels as described, most pronounced on the right at L5-S1 where there may be compromise of the exiting right nerve root. Unchanged mild chronic compression deformities of the L1 and L4 vertebral bodies and Mild osteoarthritis of the sacroiliac joints. Lumbar spine MRI dated 09/29/2012 revealed: There was evidence of a new or sub acute compression fracture of the superior endplate of L4 vertebral body. This was new compared to the previous study of 08/25/2009 and there was new 20% decrease in vertebral height at this level, Old compression fracture of L1 vertebral body with 30% decrease in vertebral height is again noted and remained unchanged. No other acute compression fractures were seen, and Moderate to marked Spondylitic changes were again noted and essentially not significantly progressed or changed since the previous study of 2009; moderate again noted and are essentially unchanged; Bilateral

neural foraminal narrowing, right more than left at L5-S1 due to neural foraminal disc protrusion again noted and remained unchanged. Posterior central and bilateral neural foraminal disc protrusion at L4-5 are again noted and remained unchanged and Small bilateral neural foraminal disc protrusions at L3-4 were again noted and remained unchanged. PR2 dated 10/16/2013 documented the patient underwent lumbar laminectomy with instrumentation and fusion L3-4, L4-5 and L5-S1 on 10/15/2012. He complained of low back pain. He received a bilateral SI joint injection on 4/16/2013 with good relief for six hours. On 07/23/2013, he had a bilateral nerve root block again with good relief. Objective findings on exam revealed the patient had a normal gait with a walker. His incision was healed with small subcutaneous fluid collection noted. Deep tendon reflexes are 1 to 2+ in the bilateral patellae and diminished reflexes in the bilateral ankles. The patient had diminished sensation to the light touch over the right L4, L5 and S1 dermatomes; motor strength testing revealed motor strength was 5/5 in the bilateral lower extremities. The patient was diagnosed with lumbar disc disease, lumbar radiculitis, and lumbar pain. PR2 dated 09/23/2013 documented the patient underwent a right L5, S1 and S2 lateral branch block ablation in attempts to address his ongoing sacroiliac joint pain. Since that time, he had noted resolution of the pain around the SI joints. He was currently reporting pain lower down in the buttocks with some radiating pain down the posterior aspect of both legs. The pain was exacerbated by prolonged standing and walking. Objective findings on exam revealed a surgical scar was intact without drainage. There was no tenderness to palpation around the SI joint. He was tender to palpation around the bilateral sciatic notches. The lumbosacral spine range of motion was within functional limits; Motor strength was 5/5 throughout. His sensation was intact; slump test was mildly positive in both legs. The patient was diagnosed with lumbar disk disease; bilateral lower extremity radicular pain; history of cervical discogenic pain; history of cervical radicular pain; history of lumbar compression and sacroiliac dysfunction. The patient was recommended a trial of fluoroscopically-guided bilaterally S1 lumbar epidural steroid injections for both diagnostic and therapeutic benefit. The patient was prescribed Norco, Neurontin, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LEFT SI JOINT FUSION (SI LOK) WITH ASSISTANT SURGEON PRE OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Plevic, Sacroiliac Joint Fusion. Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The CA MTUS guidelines do not address the issue of dispute According to the ODG, Sacroiliac joint fusion is not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. The medical literature shows in the stud mentioned above that the Instrumented posterolateral lumbar/lumbosacral fusion can be a cause of SIJ degeneration. SIJ degeneration develops more often in patients undergoing lumbosacral fusion regardless of the number of fusion segments. The medical records documented the patient underwent lumbar laminectomy with instrumentation and fusion of L3-L4, L4-L5, and L5-S1 dated 10/15/2012. The patient had complained of low back pain down to the buttocks with some radiating pain down the posterior aspect of both legs. On physical examination, there was tenderness to palpation

around SIJ, lumbosacral ROM within functional limit. In the presence of documented diagnostic SIJ injection dated 4/16/2013, and failure to respond to conservative treatment, therefore, the request meets the guideline criteria.

PHYSICAL THERAPY THREE TIMES SIX: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS guidelines, Physical Medicine is recommended as a modality of treatment that help in reducing swelling, decreasing pain, and improving range of motion. The medical records document the patient had complained of low back pain down to the buttocks with some radiating pain down the posterior aspect of both legs. On physical examination revealed tenderness to palpation around SIJ, lumbosacral ROM within functional limit, also the patient had 16 sessions of physical therapy, 6 sessions of acupuncture and 8 epidural injections. In the absence of documented significant improvement on prior physical therapy sessions, further there is no clear specification of which body part will benefit from the requested treatment, the request is not medically necessary according to the guidelines.

BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

Decision rationale: According to the CA MTUS guidelines, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. The medical records document the patient had complained of low back pain down to the buttocks with some radiating pain down the posterior aspect of both legs. On physical examination revealed tenderness to palpation around SIJ, lumbosacral ROM within functional limit. In the absence of documented any acute exacerbation of current chronic back pain, further there is no evidence for effectiveness of the lumbar support in preventing back pain, the request is not medically necessary according to the guidelines.

INPATIENT 1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hospital Length of Stay (LOS).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, the recommended Hospital LOS based on type of surgery, or best practice target LOS for cases with no complications. The medical records document the patient had complained of low back pain down to the buttocks with some radiating pain down the posterior aspect of both legs. On physical examination revealed tenderness to palpation around

SIJ, lumbosacral ROM within functional limit. In the absence of documented recent surgical intervention, the request is not medically necessary according to the guidelines.

